Immanuel Christian Reformed Church Expense Remibursement Form Name of Individual: Date Completed:		-	Please complete each step to avoid any delays: 1. Complete information under each column 2. Calculate Totals – ensure totals balance 3. Staple receipts to form 4. Sign and Date 5. Obtain approval 6. Hand in to Bookkeeper for payment		
Expense Details			Details of Receipt		
Supplier Name	Description	Ministry Program	Receipt Total (Including HST)	HST included in Invoice	Charge to budget account
Grand Total:					
Your Signature:		Ministry or Executive approval:			

Immanuel Christian Reformed Church